

II

ANNUAL REPORT
OF THE HEALTH
OF
TICKHILL URBAN DISTRICT
FOR THE YEAR
1971

Public Health Department,
48 Sunderland Street,
Tickhill.

R. Stalker, M.B., Ch. B., D. P. H.
Medical Officer of Health.

R. Durant, M. A. P. H. I.
Public Health Inspector.

TICKHILL URBAN DISTRICT COUNCIL

To the Chairman and Members
of the Public Health and
Housing Committee.

Public Health Dept. ,
48 Sunderland Street,
Tickhill.

Mr. Chairman, Mrs. Franklin and Gentlemen,

It is again my pleasure to produce an annual report on the health of the inhabitants of Tickhill. It is presented along with the report of the Public Health Inspector to give an overall view of the conditions in the district in the hope that in years to come it will provide some useful information.

The vital statistics of the district are satisfactory and from the figures available the people of Tickhill seem to enjoy a long life. The figures are of course small and subject to wide variation from year to year but I am pleased to see them remain at levels which must be envied by other districts in South Yorkshire.

One of the dramatic changes in the figures over the past few years has been the drop in the number of domiciliary confinements and the domiciliary midwife spends most of her time doing antenatal and postnatal work which though less satisfying is very important. The attachment of the Health Visitor to the group practice has been successful and attachment of Health Visitors to General Practitioners will be completed in 1972.

During 1971 we witnessed several momentous happenings particularly in the field of local government and the National Health Service. In April there was the formation of the new Social Services Department by the amalgamation of the old Welfare and Children's Department and the addition of some duties from the Health Department. These new departments have encountered many difficulties including a shortage of trained staff and it is clearly evident that the establishment of these departments was rushed and inadequate experience gained by doing pilot experiments, before implementing the legislation on a national scale.

In the month of May the White Paper on the Re-organization of Local Government and the Consultative Document on the Re-organization of the National Health Service were published stating that both these events were to take place on 1st April, 1974. Despite a great deal of work on the management structure of the services having been completed already, a large volume of preparatory work still remains before April, 1974, if complete chaos and confusion is to be avoided. One result of these proposed changes will be the disappearance of the Medical Officer of Health and the emergence of a Community Physician whose range of duties has not yet been fully formulated, but I would hope that part of his duties will be to act as adviser to the local authority on health matters and act as a link between the local authority and the Health Service on future planning of personal services. In this area we are at least fortunate in having the new metropolitan district and area health authority with the same boundaries.

Another event in 1971 which is worthy of note was the rapid advance of technology which enabled us to watch colour television pictures direct from the Moon by satellite and see two astronauts exploring the surface and gathering samples of rock.

During the year to combat the problem of drug dependence a Drug Abuse Liaison Committee was formed in Doncaster and there representatives from several agencies meet to exchange information, ideas and plan campaigns to gather surplus drugs and acquaint the young people of the area, of the hazards of drug abuse.

I would like to thank Mr. Vallance the Divisional Administrative Officer and Mr. Durant the Public Health Inspector for their support and hard work done during the year, which has made my work for the Council so enjoyable. Finally, I would thank you Mr. Chairman and the members of the Council for your interest in my work and the constant encouragement and help which you have given me during the year.

Yours faithfully,

R. STALKER

Medical Officer of Health.

URBAN DISTRICT COUNCIL OF TICKHILL

Chairman of the Council - Cr. R. Brownsword
Vice Chairman - Cr. R. Oddy.

Members of the Council

Cr. F. D. Mason.
Cr. S. Ramskir.
Cr. Mrs. O. Franklin.
Cr. E. J. Anderson.
Cr. P. J. Brown.
Cr. W. A. Hill.
Cr. L. Kirk.

Public Health Staff

Medical Officer of Health - Dr. R. Stalker.
Public Health Inspector - Mr. R. Durant.
Surveyor - Mr. W. H. N. Haslam.

Divisional Health Staff

Divisional Medical Officer - Dr. R. Stalker
Senior Departmental
Medical Officer - Dr. J. A. Beal.
Departmental Medical
Officer - Dr. E. R. M. Harvey.
Psychiatrist - Dr. S. Hoyes.
Psychologist - Mr. P. W. Atkinson.
Nursing Officer - Miss D. M. E. Goldthorpe.
Health Visitor for District - Mrs. J. A. Hughes.
Midwife for District - Mrs. D. Squires.
Home Nurse for District - Mrs. L. M. Corkill.
Divisional Administrative
Officer - Mr. C. W. Vallance.

SECTION A.

STATISTICS AND SOCIAL CONDITIONS OF THE YEAR.

Area of the district (including 6 acres of water)	5,580 acres
Registrar General's Estimate of resident population mid-year 1971	3,330
Number of inhabited houses at April, 1971	1,267
Rateable value (1st April, 1972)	£105,250
Sum represented by a penny rate	£1054

Extracts from Vital Statistics
(Corrected for Inward and Outward Returns)

<u>LIVE BIRTHS (REGISTERED)</u>	<u>1971</u>	<u>1970</u>	
Total number	53	44	
Birth rate per 1,000 population	15.9	13.8	
Birth rate per 1,000 population (corrected)	16.5	14.4	
Birth rate England and Wales	16.0	16.0	
	<u>M</u>	<u>F</u>	<u>Total</u>
Legitimate	19	30	49
Illegitimate	2	2	4
	21	32	53

<u>STILL BIRTHS</u>	<u>1971</u>	<u>1970</u>
Total number	Nil	Nil
Rate per 1,000 total live and still births	-	-
Rate for England and Wales	12	13

<u>TOTAL LIVE AND STILL BIRTHS</u>	<u>1971</u>	<u>1970</u>
Total births (live and still)	53	44
Rate per 1,000 population (Corrected)	16.5	13.8

There were 53 births during the year that is 9 more than the previous year, thus giving a higher birth rate which is about the same as the national average. We have in the district the remarkable record of now having three consecutive years when there have been no still-births, perinatal deaths and maternal deaths. I feel I must again state that this surely reflects great credit on the care given to maternity patients in the home and hospital. The infant who died under four weeks old had a benign growth and was not due to difficulties in labour.

INFANTILE MORTALITY

The Infantile Mortality Rate is the number of deaths of infants under one year of age per 1,000 registered live births.

	<u>1971</u>	<u>1970</u>
Number of deaths	Nil	Nil
Death rate of all infants per 1,000 live births	-	-
Legitimate infant death rate per 1,000 legitimate live births	-	-
Illegitimate infant death rate per 1,000 illegitimate live births	-	-
Death rate for England and Wales	18.0	18.0

NEO-NATAL MORTALITY

The Neo-Natal Mortality Rate is the number of deaths of infants under four weeks of age per 1,000 total live births.

	<u>1971</u>	<u>1970</u>
Number of deaths	1	Nil
Death rate per 1,000 total live births	18.9	-
Death rate for England and Wales	12.0	12.0

EARLY NEO-NATAL MORTALITY

The Early Neo-Natal Mortality Rate is the number of deaths of infants under one week of age per 1,000 total live births.

	<u>1971</u>	<u>1970</u>
Number of deaths	Nil	Nil
Death rate per 1,000 total live births	-	-
Death rate for England and Wales	-	10.0

PERINATAL MORTALITY

The Perinatal Mortality Rate is the number of still births and deaths under one week combined, per 1,000 total live and still births.

	<u>1971</u>	<u>1970</u>
Number of deaths and still births	Nil	Nil
Death Rate per 1,000 total live and still births	-	-
Death rate for England and Wales	22.0	-

MATERNAL DEATHS (including abortions) Nil

<u>DEATHS</u>	<u>1971</u>	<u>1970</u>
Total number	39	26
Death Rate per 1,000 population (crude)	11.7	8.4
Death Rate per 1,000 population (corrected)	12.2	8.7
Death Rate for England and Wales	11.6	11.7
Deaths	<u>M</u> 21	<u>F</u> 18
		<u>Total</u> 39

There were 39 deaths during the year, 13 more than in the previous year. There were 3 more male than female deaths with coronary artery disease and cerebral artery disease as the usual main causes.

Only 7 deaths occurred in those under the age of 65 years and of those 2 were suicides and 1 was a motor vehicle accident.

I believe that education of the public to detect early signs of depression would greatly help to reduce suicides and there is much work still to be done in the field of preventive medicine where mental health is concerned.

CAUSES OF DEATH 1971.

	Males	Females
ALL CAUSES	21	18
1. Malignant Neoplasm, Lung, Bronchus	1	1
2. Malignant Neoplasm, Breast	-	1
3. Malignant Neoplasm, Uterus	-	1
4. Chronic Rheumatic Heart Disease	1	-
5. Benign and Unspecified Neoplasms	1	-
6. Ischaemic Heart Disease	4	5
7. Other forms of Heart Disease	1	-
8. Cerebrovascular Disease	2	5
9. Other Disease of Circulatory System	-	1
10. Pneumonia	4	1
11. Bronchitis and Emphysema	1	-
12. Asthma	-	1
13. Other Disease of Respiratory System	1	1
14. Other Disease of Digestive System	2	-
15. Motor Vehicle Accidents	1	-
16. All Other Accidents	-	1
17. Suicide and Self-Inflicted Injuries	2	-

COMPARATIVE VITAL STATISTICS FOR THE YEAR 1971.

The following table compares the Authority's vital statistics and those of the West Riding County Council Urban Authorities, the West Riding as a whole, and England and Wales as a whole. Based on the Registrar General's figures. Some figures are not available.

Crude Rate	Tickhill Urban District	Aggregate W. R. Urban Districts	West Riding Admin. County	England and Wales
Live Birth Rate - adjusted	16.5	17.2	17.2	-
Death Rate - All causes - adjusted	11.9	12.5	12.3	-
Tuberculosis, respiratory	-	0.02	0.02	0.02
other forms	-	0.01	0.01	0.01
all forms	-	0.03	0.03	0.03
Cancer of lung and bronchus	0.60	0.54	0.52	0.63

COMPARATIVE VITAL STATISTICS FOR THE YEAR 1971 (Cont'd).

Crude Rate	Tickhill Urban District	Aggregate W. R. Urban Districts	West Riding Admin. County	England and Wales
Cancer of Uterus	0.30	0.08	0.08	-
Cancer, all forms	1.20	2.25	2.16	2.39
Cerebrovascular Disease	2.10	1.86	1.75	-
Circulatory Disease exc. Cerebrovascular Disease	3.60	4.62	4.41	-
Respiratory diseases	2.70	1.53	1.42	-
Maternal Mortality	Nil	0.09	0.10	0.17
Infant Mortality	Nil	18.7	18.4	17.5
Neo-Natal Mortality	18.9	10.7	11.0	11.6
Peri-natal Mortality	Nil	21.8	21.7	22.3
Still Births	Nil	12.8	12.3	12.5

The statistics for Tickhill compare favourably with those of other urban districts in the West Riding and with England and Wales, but with a small population one or two deaths or births can alter the picture disproportionately.

PREVALENCE AND CONTROL OVER INFECTIOUS DISEASES.

Age and Sex Incidence -

NOTIFIABLE DISEASES 1971

Age Group	Measles		Infective Hepatitis	
	M	F	M	F
Under 1 year	-	-	-	-
1 year	1	1	-	-
2 years	-	1	-	-
3 years	-	-	-	-
4 years	-	-	-	-
5-9 years	2	-	-	-
10-14 years	-	-	-	-
15-24 years	-	-	-	-
25 and over	-	-	1	1
Total	3	2	1	1

The number of infectious diseases notified remained small and measles again appeared, though I hope to see measles become rare in future years as the vaccination programme becomes more widespread.

TUBERCULOSIS.

There were again no new cases notified during the year.

Remaining on the register at the end of the year were:

	<u>M</u>	<u>F</u>	<u>Total</u>
Respiratory	-	3	3
Non-respiratory	1	-	1
	1	3	4

The number of persons on the register remained the same as in 1970. Again I must stress the danger of a breakdown of a healed focus of disease in an elderly person, particularly where there is another respiratory disease present. The follow up of all contacts of this disease is essential, not only to safeguard others but in some cases to find the source of infection.

The number of cases of Tuberculosis notified has decreased steadily over the past years in the same way as the deaths from this disease. The policy of contact tracing, B.C.G. vaccination and most of all successful treatment has completely changed the whole status of this disease, which has struck fear into so many people in the past. The major battle against Tuberculosis has been won. It now remains for us to modify the campaign against this disease to finally reduce it to the same state of rarity as leprosy.

NATIONAL ASSISTANCE ACT 1948 (SECTION 47) NATIONAL ASSISTANCE (AMENDMENT) ACT 1951.

There was no action required during the year.

SERVICES PROVIDED BY THE LOCAL AUTHORITY.

The Divisional Area comprises Tickhill U. D., Doncaster R. D., Bentley-with-Arksey U. D., and Adwick-le-Street U. D.

Health Visiting Service.
Child Welfare.
School Health.
Domiciliary Midwifery.
Home Nursing Service.
Immunisation Service.
Ambulance Service.
Home Help Service.

There has been no acute shortage of staff during the year and the above services have functioned satisfactorily. We nevertheless have a low ratio of staff to population and the West Riding have agreed to a policy of a gradual increase in the establishment of nursing staff.

HEALTH VISITING.

HOME VISITS (Health Visiting and Tuberculosis Visiting)

	No. of cases i. e. first visits
1. Children born in 1971	42
2. Children born in 1970	66
3. Children born in 1966-69	66
Total No. Children visited	174
4. Persons aged 65 and over (excluding "domestic help" only visits)	44
5. Mentally disordered persons	2
6. Persons, excluding maternity cases, discharged from hospitals (other than mental hospitals)	2
7. No. of Tuberculosis households visited (by Health Visitors)	-
8. No. of households visited on account of infectious diseases	2

Home Visits (Cont'd)

	No. of cases, i. e. first visits
9. Expectant Mothers	-
10. No. of tuberculosis households visited (by Tuberculosis Visitor)	-
11. Other Visits	10
Total No. of Cases	232

During the year a Health Visitor who works half time in the division was attached to the group practice in Tickhill. She was a fully trained Health Visitor and was the first one to be attached to general practitioners in this division, though a close working relationship exists between the General Practitioners and Health Visitors. There was an increase in the number of households visited for the record successive year and as can be seen from the above table the Health Visitor's duties are much wider than advising on the feeding and care of babies. The developmental assessments have continued and were accepted by mothers who appear to welcome these regular examinations of their young children.

PHENYLKETONURIA TESTING.

The test for phenylketonuria was stopped in 1970 and the Guthrie Test for Phenylalanine in the blood was substituted. This is done on 6th day of life by taking a drop of blood from the baby's heel and detects the disease earlier. The chance of discovering this illness in Tickhill is small, but if discovered it can prevent a normal child becoming a severely subnormal child and so well worth doing.

CHILD WELFARE.

The same number of clinics were held during the year in the general practitioner's surgery premises, but there was an increase in the number of children who attended and the number of attendances made. This increase in attendances is a common pattern throughout the division and I think a measure of success of this service and the value derived by mothers who attend.

Details of attendances are given below:

No. of infant Welfare Sessions held during the year	No. of children who attended during the year who were born in			Total No. of children who attended during the year	No. of attendances during the year made by children who at the date of attendances were born in			Total attendances during the year.
	1971	1970	1966/9		1971	1970	1966/9	
50	55	41	30	126	493	183	46	722

WELFARE FOODS SERVICE

Clinic	National Dried Milk		Cod Liver Oil		Vitamin A & D tablets		Orange Juice		Vitamin A, D & C drops	
	Sold	Free	Sold	Free	Sold	Free	Sold	Free	Sold	Free
Tickhill	37	6	53	6	80	2	1653	54	103	12
Total	37	6	53	6	80	2	1653	54	103	12
Total for Division	1279	190	804	110	1483	74	28882	1974	1726	547

The sale of Cod Liver Oil and Orange Juice has now ceased, but the new Vitamin A, D & C drops have proved popular. The number of free issues has increased due largely to the different criteria for assessment of need.

BIRTHS

PUBLIC HEALTH ACT 1936. SECTION 203

RETURN OF NOTIFIED BIRTHS

	Births				Total
	Domiciliary		Institutional		
	Live	Still	Live	Still	
Delivered by County Midwives	6	-	-	-	6
Hospitals and Nursing Homes and transfers in (domiciliary)	-	-	51	-	51
Total notifications received	6	-	51	-	57
Deduct outward transfers	-	-	-	-	-
Total adjusted births	6	-	51	-	57

ANALYSIS OF INSTITUTIONAL BIRTHS

	<u>Live</u>	<u>Still</u>
Hospitals	49	-
Maternity Homes	1	-
Nursing Homes	1	-
	<u>51</u>	<u>-</u>

HOSPITALS

Doncaster Royal Maternity Hospital	48	-
Kilton Hospital, Worksop	1	-

MATERNITY HOMES

Listerdale Maternity Home	1	-
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NURSING HOMES

Claremont, Rotherham.	1	-
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Domiciliary Midwifery Cases

Doctor not Booked		Doctor Booked		Total
Doctor present at delivery	Doctor not present at delivery	Doctor present at delivery (either booked doctor or another)	Doctor not present at delivery	
-	-	1	5	6

1. No. of cases delivered in hospital,
discharged home and nursed by
County Domiciliary Midwives. 17
 - (a) At forty eight hours -
 - (b) After forty eight hours and including
fifth day 9
 - (c) After fifth day but before tenth day 8
2. No. of Ante-Natal Visits (all cases) 136
3. No. of Post-Natal Visits (all cases) 305

Analgesia, Trilene and Pethidine

	Pethidine Alone	Trilene	
		Alone	With Pethidine
Number of cases where analgesia was administered by County Council Midwives	1	-	3

PREMATURE BIRTHS

Birth Weight	Total born				No. who died after 28 days		No. who survived 28 days
	Dead		Alive				
	Home	Hosp.	Home	Hosp.	Home	Hosp.	
Under 3 lbs.	-	-	-	-	-	-	-
3-4 lbs.	-	-	-	2	-	-	2
4-5½lbs.	-	-	-	4	-	-	4
Total	-	-	-	6	-	-	6

The number of domiciliary confinements decreased still further in 1971. In the division only 6-7% of babies delivered at home. The rest are delivered in hospital with a large proportion discharged home 2-5 days after delivery. The number of domiciliary births is now getting so low that domiciliary midwives are not getting sufficient experience to maintain their skills. The same problem faced Doncaster County Borough midwives who are now in a unified service with the hospital. In the process of reorganization of the National Health Service in 1974 this unified midwifery service will almost certainly become the pattern with minor modifications to allow for the larger geographical area.

HOME HELPS.

I was sad to see this valuable and much appreciated service leave the Health Department in July, 1971 when it was transferred to the new Social Services Department, and I would like to take this opportunity to thank the organizers and Home Helps for the dedicated way they performed their duties in the past years. This service will undoubtedly have an important role to play in the future as the number of frail elderly increase in the community. I would again like to stress the need for a short training course for Home Helps which has proved so successful in Sheffield.

HOME NURSING

Analysis of cases completed during 1971 excluding cases under treatment on 31st December, 1971.

Age Group	Classification of Cases (completed cases only)					
	Medical	Surgical	Infectious diseases	Tuber-culosis	Maternal Complic-ations	Total
0 - 4	-	1	-	-	-	1
5 - 14	-	-	-	-	-	-
15 - 44	5	2	-	-	1	8
45 - 64	4	4	-	-	-	8
65 plus	25	4	-	-	-	29
Totals	34	11	-	-	1	46
Total visits this year including injection visits						
0 - 4	-	7	-	-	-	7
5 - 14	-	-	-	-	-	-
15 - 44	35	13	-	-	1	49
45 - 64	23	62	-	-	-	85
65 plus	231	72	-	-	-	303
Totals	289	154	-	-	1	444

Summary of total cases dealt with during the
year (i. e. Cases completed during year plus cases
still under treatment on 31st December, 1971).

Type of Case	No. of cases attended by Home Nurses	No. of visits made by Home Nurses
Medical	42	552
Surgical	11	154
Infectious diseases	-	-
Tuberculosis	-	-
Maternal Complications	1	1
Total	54	707

Type of Case	No. of cases attended by Home Nurses	No. of visits made by Home Nurses
Patients included who were aged 65 or over at the time of the first visit	37	311
Children included who were under 5 years of age at the time of the first visit	1	7
Patients included who have had more than 24 visits during the year	6	159

There was an increase in the number of cases but a reduction in the total number of visits done during the year. The establishment of Home Nurses in the division is rather low, but at the same level as the rest of the West Riding. This low rate of Home Nurses to population has been recognised and plans have already been made to increase the establishment of Home Nurses which will improve the service they can give to the patients in the practices to which they are attached.

Problem Families Co-ordinating Committee.

In April I resigned from the chairmanship of this Committee when the new Social Services Department was formed. Since then co-ordinating meetings have generally taken place between the officers of the various services who have dealings with these families in an effort to decide on a common policy of how a particular family can be helped out of their difficulties. Unfortunately there is no common policy for all problem families for each is different and may require assistance in different ways.

Mental Health and Mental Sub-Normality.

In April, 1971 the Junior Training Centre was transferred to the Education Department and became Fernbank School. This transfer has led to an increase in staff and equipment and a new approach to the training and education of these children, which I feel sure will show benefits in the near future. The Senior Training Centre came under the administrative control of the Social Services Department which also became responsible for the supervision of the adult severely sub-normal at home. Mental Welfare Officers were also transferred to the Social Services Department to become all purpose Social Workers. Whether this change will result in an improvement of the service to the mentally ill and handicapped remains to be seen and a great deal of work still remains to be done in the field of prevention of mental ill health and aftercare. I was, however, delighted to see at last a start made on the extensions to the training centres, school and Special Care Unit for the severely mentally and physically handicapped which is sorely needed. It is also planned to provide a hostel for the severely sub-normal in Adwick-le-Street, near to the training centre which will help to relieve the pressure on St. Catherine's Hospital, and I hope provide 2 or 3 beds for short stay care to afford some relief for parents who have given continuous and dedicated care to their children for years and now deserve some temporary relief from the strain of looking after them.

CHIROPODY TREATMENT

National Health Service Act 1946 (Section 28)

The County Council Scheme for the provision of free chiropody commenced on 1st February 1960 and provides for free treatment for persons in the following categories:

1. AGED - Persons of pensionable age (men over 65 years and women over 60 years of age).
2. PHYSICALLY HANDICAPPED - A person suffering from a disability directly associated with the need for chiropody treatment, or a handicap which in itself prevents a person from attention to his own feet, e. g. blindness.
3. EXPECTANT MOTHERS.

Chiropody treatment is given either at an organized Clinic session in premises provided by Voluntary Association, or in a Local Authority Clinic or by domiciliary treatment on medical grounds. Domiciliary treatment is only recommended where a person cannot get to a clinic as this method is much more costly.

Persons requiring chiropody treatment and who fall in one of the above categories can be referred either to the Divisional Medical Officer, who is responsible for overall supervision of the scheme, Health Visitor, or to the Secretaries of the Voluntary Associations.

Initial approval is given for one year and renewed when necessary with a maximum of six treatments per year, but this can be increased if necessary by the Divisional Medical Officer.

This service has faced problems in several areas of the division as the demand has increased for there is a national shortage of chiropodists and a continued decline in the recruitment to this profession. Care of the feet is particularly important in the elderly with a deminished blood supply to their extremities and unskilled "surgery" to the feet can have serious consequences.

CHIROPODY SERVICE - 1971

I give below details of the chiropody service and I would like to express my gratitude to Mrs. O. Franklin for the large amount of work she had done in arranging and maintaining this service.

Name of voluntary assoc- iation	No. of Sessions in 1970 in voluntary association premises	No. of patients treated									Total No. of Treatments								
		In voluntary assoc- iation premises			Domicil- iary			Total No. treated			In voluntary assoc- iation premises			Domicil- iary			Total No. of treatments		
		P	PH	EM	P	PH	EM	P	PH	EM	P	PH	EM	P	PH	EM	P	PH	EM
Tickhill Chiropody Association	62	109	-	-	33	-	-	142	-	-	558	-	-	146	-	-	704	-	-

P.
PH.
EM.

Pensioners
Physically Handicapped.
Expectant Mothers.

Secretary - Mrs. O. Franklin
Chiropodist - Mr. R. Mason.

STATE OF IMMUNISATION AGAINST DIPHTHERIA
YEAR ENDED 31.12.71. (DIVISIONAL FIGURES)

All immunisation was carried out with Triple Vaccine -
(Diphtheria, Whooping Cough and Tetanus)

Diphtheria Immunisation in relation to child population

Age at 31.12.71.	Under 1 year	1-4 years	5-9 years	10-15 years	Total
No. immunised	8	7912	9070	8215	25205
Estimated child population 1971	11000		22000		33000
Percentage immunised	72.0		78.1		76.4
	Age under 4 years		Age 4 years and over but under 16		Total
No. of children (including temporary divisional residents) who completed the full course of immunisation in the area between 1.1.71. and 31.12.71.	1733		95		1828
No. of children who received a booster injection	63		1975		2038

VACCINATION AGAINST SMALLPOX (DIVISIONAL FIGURES)

	<u>Vaccinated</u>	<u>Re-vaccinated</u>
Pre-school children	80	-
School children and adults	49	47
	—	—
	129	47
	—	—

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1971
(DIVISIONAL FIGURES)

TABLE 1

Completed Primary Courses - Number of persons under age 16.

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1971	1970	1969	1968	1964- 1967		
1. Quadruple DTPP	-	-	-	-	-	-	-
2. Triple DTP	8	1186	496	26	3	-	1719
3. Diphtheria/Pertussis	-	-	-	-	-	-	-
4. Diphtheria/Tetanus	-	13	3	1	59	30	106
5. Diphtheria	-	-	-	-	3	-	3
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	-	1	-	-	12	13
8. Salk	-	-	-	-	-	-	-
9. Sabin	8	1205	501	26	78	44	1862
10. Measles	-	633	724	205	207	26	1795
11. Rubella	-	-	-	-	-	1573	1573
12. Lines 1+2+3+4+5 (Diphtheria)	8	1199	499	27	65	30	1828
13. Lines 1+2+3+6 (Whooping cough)	8	1186	496	26	3	-	1719
14. Lines 1+2+4+7 (Tetanus)	8	1199	500	27	62	42	1838
15. Lines 1+8+9 (Polio)	8	1205	501	26	78	44	1862

TABLE 2

Reinforcing dose - Number of persons under
age 16

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1971	1970	1969	1968	1964- 1967		
1. Quadruple DTPP	-	-	-	-	-	-	-
2. Triple DTP	-	26	28	4	57	16	131
3. Diphtheria/Pertussis	-	-	-	-	-	-	-
4. Diphtheria/Tetanus	-	1	-	4	1674	227	1906
5. Diphtheria	-	-	-	-	1	-	1
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	-	-	1	5	33	39
8. Salk	-	-	-	-	-	-	-
9. Sabin	-	26	29	6	1737	271	2069
10. Lines 1+2+3+4+5 (Diphtheria)	-	27	28	8	1732	243	2038
11. Lines 1+2+3+6 (Whooping Cough)	-	26	28	4	57	16	131
12. Lines 1+2+4+7 (Tetanus)	-	27	28	9	1736	276	2076
13. Lines 1+8+9 (Polio)	-	26	29	6	1737	271	2069

Smallpox vaccination was discontinued in 1971 for the number of severe reactions to the vaccination, though small, were proving to be a greater hazard than the disease itself.

The immunisation and vaccination procedures are now largely managed by computer at the County Health Department and though this method has produced a very high percentage of fully immunised and vaccinated children in some divisions it has not been so successful in this one, because of the difficulties produced by the division bordering on two other authorities. Nevertheless the percentage of fully protected children is at a satisfactorily high level and more parents are giving their children the advantage of protection against measles now that the vaccine used is giving very few serious reactions.

CERVICAL CYTOLOGY

No local authority clinics were held in Tickhill during the year because the General Practitioners were themselves providing a very good service. This service is now on a central computer which means that after the initial test is carried out a woman will be recalled for testing every three years. In the rest of the division where figures for local authority clinics are available the value of this test has been clearly demonstrated not only by detecting cervical cancer in its early stages, but other gynaecological abnormalities and breast tumours, for breast examination is carried out and taught at these clinics.

We are still in the early stages of presymptomatic screening for disease and this is without a doubt a field of medicine which will be developed as different techniques are evolved.

SCHOOL HEALTH SERVICE INCLUDING DAY CARE OF CHILDREN UNDER 5

The shortage of medical staff for this service which was mentioned in the last annual report has not improved. Two general practitioners agreed to do occasional sessions but are not trained to cope with the problems of assessment of handicapped children, which is important and time consuming work. Much of the change in the work of the school health service has been dictated by shortage of medical staff, but it is in my opinion still necessary to examine fully all school entrants. Thereafter regular two yearly testing of vision and hearing is carried out by assistants to the Health Visitors with selective medical inspection at nine years and an interview with the school doctor and medical examination if required in the last year of school life.

The School Health Service has a valuable role to play in any re-organised Health Service but it sorely needs not only more medical staff but more advisers on Health Education. Educational Psychologists, Speech Therapists and Audiologists.

Talks on various health matters were given in schools by Health Visitors and Doctors, along with advice on Health topics in other schools. These talks are much more effective if they link up with other school subjects such as biology or even mathematics and history.

The series of talks on Health and Health Education given to student teachers at Scawsby College in 1970 were repeated with minor modifications in 1971, with the object of making future schoolteachers aware of health problems in school and possible means of prevention.

SPECIALIST CLINICS

Specialist clinics are held for all children suffering from orthopaedic defects and defective vision.

Appended is a list of such clinics held during the year, for all children in the Division.

(a) Refraction - Mr. Marshall and Dr. Hussain.

Clinics held at Chequer Road, Doncaster.

No. of sessions.	88
No. of children referred	1553
No. of children attended	1088
Glasses prescribed	217
Treatment required	207
For re-examination	871
Referred for operation	1

(b) Orthopaedic - Mr. Maitland Smith.

Clinics are held bi-monthly at Doncaster Royal Infirmary.

No. of sessions	10
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	<u>Pre-school children</u>	<u>School children</u>
No. of individual patients seen by the consultant, including those continuing attendance from the previous year.	27	35
No. of above:		
(1) Referred for operative treatment as short stay cases only.	-	4
(2) Recommended treatment by orthopaedic nurse or physiotherapist:		
(i) at treatment centres	1	-
(ii) domiciliary	6	6
(3) No. of children who obtained operative treatment	-	-
(4) Total number of attendances at consultant clinic	47	56

(c) Paediatric

This service for the second year was no longer a separate service from that provided at Doncaster Royal Infirmary and I am pleased to report a continued good relationship with the Paediatric Department.

Audiology Clinic

Report for the year 1971

No. of sessions	35
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No. of individual children attending.

(a) Referred for first time in year	89
(b) Also attended in previous year	45
	<u>134</u>

No. of attendances	153
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Ages of children referred (new cases)

Under 1 year	1
1 to 2 years	4
2 to 5 years	17
5 to 8 years	40
8 to 11 years	16
Over 11 years	<u>11</u>
	<u>89</u>

Results of investigation

No. of children with significant hearing loss	71
No. of children without significant hearing loss	55
No. not yet diagnosed	8

Recommendations

Hearing aid recommended	13
To sit in front of class	17
Speech therapy	10
School for deaf	3
School for partially hearing	5
Referred to E. N. T. Clinic	41
Referred to psychologist	43
For supervision by peripatetic teacher	25
Referred to child guidance clinic	1
Trial - deaf school nursery	3

The importance of detecting deafness as early as possible cannot be over emphasised and the work of this clinic continued to expand.

Speech Therapy.

During the year one part-time speech therapist was employed in the division giving a total of four half day sessions. Sessions were allocated to the Anchorage School for the Educationally Sub-Normal where there were particular problems and clinics were held at Askern and Armthorpe in the rural district as well as Scawthorpe Clinic and the Divisional Offices at Station Road, Doncaster.

The staffing of this speciality is quite inadequate for an area of this size and the therapist can only deal with the more serious defects and advise teaching staff and parents on how best to treat minor speech disorders.

Child Guidance

No. of sessions during the year 168	Boys	Girls	Total
No. of new cases seen during the year	62	39	101
Referred from previous year	91	33	124
Re-opened cases	10	5	15
Discharged or admitted for residential treatment	56	24	80
Cases carried forward	107	53	160

Total number of pupils treated	264
Total number of attendances	825

During the year 168 sessions were held at Woodlands Clinic, which is inaccessible from many parts of the division without difficulty and the hopes of obtaining more central premises were not realised during 1971 though the search for suitable premises continues. There is also in this speciality a shortage of trained staff for 2/5th of a psychiatrist, one educational psychologist and a part time social worker is totally inadequate for an area with over 20,000 school children. There is hope in the future of getting more help in educational psychology and social work but this service needs a much higher staffing ratio particularly if any work is to be done in assessment units.

A. B. C. G. Routine Vaccination of School Children (Division)

1. Acceptances

(a) No. offered vaccination	1753
(b) No. found to have been vaccinated previously	35
(c) No. of acceptors	1715
(d) Percentage of acceptances	99.8

2. Pre-vaccination Tuberculin Test

(a) No. of children tested	1680
(b) Result of test: -	

	<u>Heaf Test</u>	<u>Mantoux Test</u>
(i) Positive	38	6
(ii) Negative	1443	86
(iii) Not ascertained	103	4
		Total 1680
(c) Percentage positive	2.6	6.5 Total 2.8

3. Vaccination

(a) Following negative Heaf Test	1453
(b) Following negative Mantoux Test	86
	Total <u>1539</u>

10 vaccinated without skin testing.

Though the Heaf Test used is, if anything, more acceptable to children the Mantoux Skin Test is more accurate. Some of the children who were positive to these skin tests had previously been vaccinated but all positive reactors were sent to the Chest Clinic for X-ray.

In some parts of the country pre-vaccination skin testing has stopped and vaccination is given to those who wish it. I personally like to do pre-vaccination skin tests for I look upon this procedure as a method of screening the population for tuberculosis and a guide to the decline of this disease in the community.

B. C. G. VACCINATION - CONTACT SCHEME

Details of B. C. G. Vaccination of contacts undertaken by Chest Physicians on behalf of the County Council during the year ended 31st December 1971.

	Age (years)			Total
	0-4	5-15	16+	
<u>Pre-vaccination Skin Test</u>				
No. skin tested	36	41	18	95
No. found positive	1	15	10	26
No. found negative	35	26	8	69
<u>No. vaccinated</u>	16	13	-	29
<u>No. of babies vaccinated at birth</u>	-	-	-	26

As well as the routine programme of vaccination the chest physician also vaccinates those who are contacts of cases of tuberculosis and so give them positive protection against this disease.

4. Cleanliness Inspections.

These inspections, which are done by trained nurses, are still required in most schools. Most children in school are never infested with lice or nits but in some schools there is a small group of children who are repeatedly infested despite all measures to educate and support the family as well as supplying the necessary treatment. In some areas there is, rightfully, indignation among parents and teachers because particular children are repeatedly infested with vermin and a nuisance and possible danger to others. The Educational Executive are willing, where indicated, to prosecute parents for this neglect of their children in 1972.

Periodic Medical Examination of School Children

Age Groups Inspected (by year of birth)	No. of pupils who received medical examination	Physical Condition	
		Satisfactory	Unsatisfactory
1967 and later	1	1	-
1966	422	422	-
1965	953	953	-
1964	437	437	-
1963	159	159	-
1962	451	451	-
1961	364	364	-
1960	155	155	-
1959	44	44	-
1958	22	22	-
1957	791	791	-
1956 and earlier	595	595	-
Total	4394	4394	NIL

There was a further reduction in the number of children examined in 1971 compared with 1970 and 1969. This is partly due to more time being spent on selective examinations, special examinations, as well as shortage of medical staff.

Most school doctors object to the present categories of Satisfactory and Unsatisfactory for Physical Condition, which is of no assistance as a guide to the total health and well being of the child.

Special Examinations at Divisional Health Office and Child Welfare Clinics.

A. CHILDREN

For absenteeism	45
For special school	59
For physical examination	133
For child guidance	23
Freedom from infection	51
Bewerley Park examinations	83
For I.Q. examinations	132
Care and guidance	12
Part-time employment	55

B. ADULTS

Canteen workers, cleaners etc.	147
Nursery nurse examinations	10
Training college entrants	127
Superannuation examinations for all departments	80
Scawsby Teachers' Training College examinations	140
Temporary teachers examination	14

Day Care of Children Under 5 Years of Age.

There is an increasing number of places in infant schools for the children who are not yet five years old and this is of immense benefit to certain children, particularly those who could be classed as deprived.

The registration and supervision of Day nurseries and Playgroups, which was a duty of the Health Department, passed over to the care of the Social Services Department in April. Health Visitors do visit these playgroups on occasions to do hygiene inspections and when they wish to note the developmental progress of particular children when compared with others.

VENEREAL DISEASE.

This is still a problem in the Doncaster area and a constant risk not only to the heterosexual but the homosexual promiscuous. If the disease is acquired early treatment is essential if permanent damage is to be avoided.

VENEREAL DISEASE - TICKHILL U. D. C.

	Syphilis	Late Syphilis	Gonorrhoea Age Groups			Other Genital Infections	Other Conditions
			19 and under	20-24	25 and over		
Jan-March	-	1	-	-	-	1	1
April-June	-	-	-	-	-	1	3
July-September	-	-	-	-	-	1	-
Oct. - December	-	-	-	-	-	1	-
Total	-	1	-	-	-	4	4

FAMILY PLANNING

Clinics are held regularly in the division in Sprotbrough, Scawthorpe, Edlington and Campsall clinics. These services are all administered by the Family Planning Association to whom I am indebted for their co-operation during the year. All consultations at the clinic are now free and supplies are free for priority cases.

Family doctors can also provide this service if they so wish and prescribe for patients whose health would suffer from further pregnancies. I hope to see a steady expansion of this service as staff becomes available.

MASS RADIOGRAPHY.

The Mass Miniature Radiography Unit did not pay a visit to Tickhill during the year and plans have been drawn up to reduce this service and provide only two units for the whole Sheffield Hospitals Group area to make special visits to factories and other places when it is deemed necessary. Static units are provided in most district hospitals and one in Doncaster Royal Infirmary.

WARDEN SERVICE

During 1971 another warden round was established bringing the total complement of wardens to 3. The warden at Castle Close left to take up another appointment and we were fortunate to get an admirable replacement. These ladies have performed their duties in a dedicated way and have indeed proved to be "good neighbours!".

MEALS ON WHEELS.

During the year a van was donated by the North Notts. Lions Club for this service in North Nottinghamshire and Tickhill. Unfortunately the policy of the West Riding and Nottinghamshire County Council differs in their provisions for this service and up to present the van has ironically been used only in the Harworth area in spite of the initial approach coming from Tickhill.

I hope that during 1972 the administrative difficulties can be ironed out and the van help to expand our service in Tickhill by the provision of a luncheon club which I feel sure would prove to be a success in the district.

The Meals on Wheels Service continued as in 1970 with 24 meals provided twice weekly. The meals were obtained from Harworth Colliery Canteen and proved to be of a consistently high standard.

SECTION B.

SANITARY CIRCUMSTANCES OF THE DISTRICT

Nuisances abated:

Informal notices outstanding at 31.12.70.	Nil
Issued in 1971	<u>6</u>
Total	6
Abated 1971	6
Outstanding at 31.12.71.	<u>Nil</u>
Statutory notices	<u>Nil</u>

WATER SUPPLY

Tickhill Urban District Council is a constituent member of the Doncaster and District Joint Water Board, which came into being on the 1st October, 1962. The constituent authorities forming the Water Board are not unanimous in supporting the addition of fluoride to water supplies in the Board's area and the matter was deferred by the Board in 1963. No action to provide fluoridation facilities has been taken since.

The number of inhabited houses connected to the mains supply at the end of the year was 1,264. Only one cottage in the district is served by a standpipe: Rock Cottage, Tickhill Spital which is subject to a Closing Order, made under the Housing Act.

Two samples of water were taken from the mains supply for bacteriological examinations during the year and both were reported upon satisfactorily.

A typical chemical analysis of the water, which is largely obtained from deep boreholes in the Bunter sandstone, is as follows:

	<u>Parts per million</u>
Free carbon dioxide as CO ₂	3.0
Free and saline ammonia (N)	0.02
Albuminoid ammonia (N)	0.04
Nitrous nitrogen (N)	None
Nitric nitrogen (N)	5.2
Metals (lead, copper, zinc)	Less than 0.04

Parts per million

Total hardness as CaCO_3	182.0
Carbonate hardness (CaCO_3)	131.0
Non-carbonate hardness (CaCO_3)	51.0
Permanganate value (O)	0.1
Alkalinity as CaCO_3	126.3
pH (units)	7.8

The natural fluoride content ranges from 0.09 to 0.6 parts per million; the water is not plumbo solvent.

One house on the boundary of the district is served by a connection to the Worksop Rural District Council supply.

At the end of the year the following four premises were served by three private wells:

Woolthwaite Farm, Tickhill.	
Dumpling Castle Farm, Tickhill.	
Caravan, Bawtry Road, Tickhill.)	
Bungalow, Bawtry Road, Tickhill.)	one well.

All these premises are remote and consequently it is not economical to connect them to the public supply, but past samples have given safe results. One sample was taken and the result proved to be satisfactory.

CLEAN AIR ACTS 1956 - 1968.

The area covered by Tickhill Urban District Council is not a "black" area in accordance with government definition, and therefore the Council have had no pressures to proceed with smoke control areas. Availability of staff inhibits schemes of this kind and it will be remembered that Tickhill U.D.C. has no full time inspectorate but borrows a public health inspector from Doncaster Rural District Council on the basis of one day per week. Obviously Tickhill will benefit from domestic smoke control but it is not likely that this will be implemented before the incept of the new authority in April 1974.

SEWERAGE AND SEWAGE DISPOSAL

Apart from a section of the Lindrick area and isolated dwellings in Bawtry Road, Tickhill now has an adequate sewerage system served by a modern sewage disposal works. The Council does not carry out cesspool emptying and owners of dwellings which are served by this system make their own arrangements for clearance of the tanks with either private contractors or Doncaster Rural District Council.

It is not regarded, however, that this is satisfactory and I would recommend the authority to look carefully at the part of the Lindrick area which is not served by main drainage with a view to possible improvement. Altogether there are some 20 dwellings in the Lindrick and Mill Dam areas which drain to private septic tanks and although these have operated relatively trouble-free for many years the day cannot be far ahead when this type of conservancy sewage disposal bring difficulties.

HOUSING

(a) Improvement work

The year under review again showed an escalation in improvement work in the urban district, this was due particularly to an increase in the grant aid scheme and Tickhill is an area which benefits considerably from this type of grant aid. It is an attractive residential area and suitable buildings which would benefit from improvement are keenly sought by prospective purchasers.

During 1971 the following types of applications were received:

	<u>Standard Grants</u>	<u>Improvement Grants</u>
Number of applications received in 1971;	25	5
Number of approvals given:	23	5

(b) Slum clearance

In 1970 the Council declared two clearance areas and the hearings related to the Orders (following appeals by the owner) were heard early in the year, and the Orders confirmed in July. One area was rather unusual in as much as it stood in a conservation area but the particular layout and inadequacy of the dwellings prompted the Council's action.

In each case the clearance of the small number of houses concerned will enable a much larger area of land, now inaccessible, to be developed attractively.

Six dwellings in Westgate which were dealt with under the individual unfit provisions of the Housing Act were demolished during the year and the new development should ultimately result in a considerable improvement in the appearance of Westgate.

There are now no areas in Tickhill which require clearance on a comprehensive basis. The several which are still sub-standard are all the subject of improvement schemes which are awaiting development and it is anticipated that 1972 will find the housing problem in Tickhill solved.

SANITARY ACCOMMODATION

There is now only one property in the central area which is served by a pail closet and this serves an old cottage which is the subject of a Demolition Order but which is occupied by an aged person who does not wish to be moved from his familiar environment.

MOVEABLE DWELLINGS

The Council's caravan site which has some 30 standings still continues to operate successfully in spite of the general decline in the popularity of this type of residence. Over the years this site has been particularly successful in preventing the spread of individual sites in other parts of the urban district.

The itinerant van dwelling is still evident in South Yorkshire and, to date, no authority has constructed a site under the Caravan Act 1968. The problem in Tickhill is not acute and the Council asked Doncaster Rural District Council if they could be included in any provisions which would be made in the future in the rural area. This has been agreed and will obviously assist in the control of itinerants when a site is provided.

One of the former preferred sites which has been used by gypsies - Tickhill Low Common - has now been donated to the urban district Council who have come to an agreement with the West Riding County Council to landscape the area. The site is part of a motorway corridor and is to be planted with trees. The Tickhill Council arranged for the removal of all abandoned vehicles and debris during the year, and it is hoped that the tree planting which was commenced in 1971 will be completed in 1972.

PREVENTION OF DAMAGE BY PESTS ACT

The Council have no full-time rodent operative but utilise the services of the rodent control service of an adjoining authority, Doncaster Rural District Council, a charge being made on a proportionate rateable value basis. In this manner all complaints are dealt with expeditiously. Six of the local farmers hold annual contracts with the local authority for rodent control treatment.

An extract from the annual tabulation supplied to the Ministry is as follows:

<u>Properties other than sewers</u>	<u>Type of property</u>	
	<u>Non Agricultural</u>	<u>Agricultural</u>
1. Number of properties in district	1332	59
2. (a) Total number of properties (including nearby premises) inspected following notifications.	61	-
(b) Number of infested by:		
(i) Rats	59	-
(ii) Mice	2	-
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notifications.	-	17
(b) Number infested by:		
(i) Rats	-	17
(ii) Mice	-	-

Sewers

4. Were any sewers infested by rats during the year? No.

FOOD PREMISES

Five premises are registered in accordance with Section 16, of the Food and Drugs Act 1955, for the manufacture of meat products. In all there are 25 food premises in the district and hygienic conditions are generally good. Eight inspections were made.

OFFICES, SHOPS AND RAILWAY PREMISES 1963.

100% registration has been maintained in the district almost since the Act came into force and all premises have had a general inspection.

Details of the records are as follows:

<u>Class of Premises</u>	<u>No. of premises newly registered during the year</u>	<u>Total No. of registered premises at end of year</u>	<u>No. of registered premises receiving one of more general inspections during the year</u>
Offices	1	3	1
Retail shops	1	17	4
Wholesale shops, warehouses	-	-	-
Catering establish- ments open to the public, canteens.	-	4	1
Fuel storage depots	-	1	-
Totals	<u>2</u>	<u>25</u>	<u>6</u>

An analysis of persons employed in registered premises by workplace is as follows:

<u>Class of workplace</u>	<u>No. of persons employed</u>
Offices	8
Retail shops	51
Wholesale departments, warehouses	-
Catering establishments open to the public	18
Canteens	0
Fuel storage depots	<u>1</u>
Total:	<u>78</u>
Total males:	<u>23</u>
Total females:	<u>55</u>

Analysis of Contraventions.

<u>Contraventions in respect of:</u>	<u>Found</u>
Section 4	Nil
Section 6	Nil
Section 15	Nil
Section 16	Nil
	—
Total:	Nil
	—

WEST RIDING COUNTY COUNCIL (GENERAL POWERS) ACT 1951

(a) Registration of hawkers of food and their premises.

The number of hawkers and associated premises registered in accordance with Section 76 of the above Act is 3. Inspections were made of the respective vehicles and conditions in each case were found to be satisfactory.

(b) Registration of hairdressers and barbers.

Four premises were on the register at the end of the year, conditions were satisfactory in all cases.

FACTORIES ACT 1961

No. of factories on the register	14
No. of inspections made	4
No. of cases in which defects were found	2
No. remedied	2

CIVIC AMENITIES ACT 1967

(a) Disposal of bulk refuse

In accordance with the spirit of the Act the Council afford the public access to their tip during the week in order that ratepayers can dispose of bulky items of refuse.

Special collections of refuse are also made from dwellings by arrangement.

(b) Disposal of motor vehicles.

The Council have an agreement with a local removal firm to dispose of derelict and unwanted motor vehicles, and during the year under review one vehicle was voluntarily surrendered by the owner and disposed of.

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